

**On page 13, please rewrite lines 6-26 as follows:**

Q3  
Subjects, e.g., human patients, may receive the thymosin by subcutaneous injection or infusion, at appropriate intervals for an appropriate period of time. The thymosin is administered to mammals infected with hepatitis C virus in amounts which facilitate or promote in vivo inactivation of hepatitis C virus. A pharmaceutical dosage unit of an immune system-potentiating amount of a thymosin, such as TF-5, can be from about 900 to about 1200 mg/m<sup>2</sup> body surface area in a pharmaceutically acceptable carrier. A pharmaceutical dosage unit of an immune system-potentiating amount of thymosin, such as THN $\alpha$ -1 or immune system-potentiating fragments thereof, can be from about 900 to about 1200  $\mu$ g/m<sup>2</sup> body surface area in a pharmaceutically-acceptable carrier. Lyophilized preparations of thymosins or fragments which contain mannitol and phosphate buffer are dissolved in diluent prior to dispensing. Thymosins in diluent should remain stable for at least six months when stored in a refrigerator. It is convenient to dispense thymosin solutions in one ml dose vials per month.

IN THE CLAIMS

✓  
Please cancel claims 2, 9, and 18.

**Please amend the following claims:**

Q4  
1. (Amended) A method of treating a mammal infected with hepatitis C virus, comprising administering to said mammal an anti-viral effective amount of at least one  $\alpha$ -interferon, concurrently or consequentially with administering a thymosin or thymosin fragment.

3. (Amended) The method of claim 1, wherein said  $\alpha$ -interferon is interferon  $\alpha$ -2b.

Q5  
4. (Amended) The method of Claim 1, wherein the step of administering said interferon comprises administering interferon produced by recombinant DNA technology.